S. No. 2
M—2-43
5-17-39
X3569

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31950

State File No.

Registration District No. 170

Primary Registration District No. 5635

Registrar's No.

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Phillipsburg (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede
(c) City or town Phillipsburg (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN HARRISON CRABAUGH
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sarah Jane Crabaugh
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 14 (Day) 1862 (Year)
8. AGE: Years 80 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Bear Co. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. FATHER Name John J. Crabaugh
13. FATHER Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Luther Crabaugh
(b) Address Kansas City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope Cemetery
18. (a) Signature of funeral director W. E. Helman
(b) Address Lebanon Mo.
19. (a) Sept. 6-43 (Date received local registrar) (b) Grace Rope (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1943 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from Jan, 1943 to Aug 26, 1943 that I last saw him alive on Aug 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain
Due to Hypertension + + arterial sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (e) Means of injury
23. Signature J. W. Lindsey (M. D. or other) MD
Address Conway Date signed 8-28-43

1020

(Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 8-43-128
Date Filed 9/20/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.